

116TH CONGRESS  
2D SESSION

# H. R. 6138

To improve maternal health outcomes, especially for underserved populations, through investments in technology, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 9, 2020

Ms. JOHNSON of Texas (for herself, Ms. UNDERWOOD, Ms. ADAMS, Ms. SEWELL of Alabama, Ms. NORTON, Ms. SCANLON, Ms. MOORE, Mr. CLAY, Mr. KHANNA, Ms. PRESSLEY, and Mr. LAWSON of Florida) introduced the following bill; which was referred to the Committee on Energy and Commerce

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# A BILL

To improve maternal health outcomes, especially for underserved populations, through investments in technology, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Tech to Save Moms  
5       Act”.

1   **SEC. 2. CMI MODELING OF INTEGRATED TELEHEALTH**

2                   **MODELS IN MATERNITY CARE SERVICES.**

3       (a) IN GENERAL.—Section 1115A(b)(2)(B) of the  
4 Social Security Act (42 U.S.C. 1315a(b)(2)(B)) is amend-  
5 ed by adding at the end the following new clauses:

6                   “(xxviii) Focusing on title XIX, pro-  
7 viding for the adoption of and use of tele-  
8 health tools that allow for screening and  
9 treatment of common pregnancy-related  
10 complications (including anxiety and de-  
11 pression, substance use disorder, hemor-  
12 rhage, infection, amniotic fluid embolism,  
13 thrombotic pulmonary or other embolism,  
14 hypertensive disorders of pregnancy, cere-  
15brovascular accidents, cardiomyopathy, and  
16 other cardiovascular conditions) for a preg-  
17 nant woman receiving medical assistance  
18 under such title during her pregnancy and  
19 for not more than a 1-year period begin-  
20 ning on the last day of her pregnancy.”.

21     (b) EFFECTIVE DATE.—The amendment made by  
22 subsection (a) shall take effect 1 year after the date of  
23 the enactment of this Act.

1   **SEC. 3. GRANTS TO EXPAND THE USE OF TECHNOLOGY-EN-**  
2                   **ABLED COLLABORATIVE LEARNING AND CA-**  
3                   **PACITY MODELS THAT PROVIDE CARE TO**  
4                   **PREGNANT AND POSTPARTUM WOMEN.**

5       Title III of the Public Health Service Act is amended  
6 by inserting after section 330M (42 U.S.C. 254c–19) the  
7 following:

8   **“SEC. 330N. EXPANDING CAPACITY FOR MATERNAL**  
9                   **HEALTH OUTCOMES.**

10     “(a) PROGRAM ESTABLISHED.—Beginning not later  
11 than 1 year after the date of enactment of this Act, the  
12 Secretary of Health and Human Services shall, as appro-  
13 priate, award grants to eligible entities to evaluate, de-  
14 velop, and, as appropriate, expand the use of technology-  
15 enabled collaborative learning and capacity building mod-  
16 els, to improve maternal health outcomes in health profes-  
17 sional shortage areas; areas with high rates of maternal  
18 mortality and severe maternal morbidity, and significant  
19 racial and ethnic disparities in maternal health outcomes;  
20 and for medically underserved populations or American  
21 Indians and Alaska Natives, including Indian tribes, Trib-  
22 al organizations, and urban Indian organizations.

23     “(b) USE OF FUNDS.—

24          “(1) REQUIRED USES.—Grants awarded under  
25 subsection (a) shall be used for—

1               “(A) the development and acquisition of  
2 instructional programming, and the training of  
3 maternal health care providers and other pro-  
4 fessionals that provide or assist in the provision  
5 of services through models such as—

6               “(i) training on adopting and effec-  
7 tively implementing Alliance for Innovation

8               on Maternal Health (referred to in this  
9 section as ‘AIM’) safety and quality im-  
10 provement bundles;

11               “(ii) training on implicit and explicit  
12 bias, racism, and discrimination for pro-  
13 viders of maternity care;

14               “(iii) training on best practices in  
15 screening for and, as needed, evaluating  
16 and treating maternal mental health condi-  
17 tions and substance use disorders;

18               “(iv) training on how to screen for so-  
19 cial determinants of health risks in the  
20 prenatal and postpartum periods such as  
21 inadequate housing, lack of access to nutri-  
22 tion, environmental risks, and transpor-  
23 tation barriers; and

24               “(v) training on the use of remote pa-  
25 tient monitoring tools for pregnancy-re-

1                   lated complications described in section  
2                   1115A(b)(2)(B)(xxviii);

3                   “(B) information collection and evaluation  
4                   activities to—

5                   “(i) study the impact of such models  
6                   on—

7                   “(I) access to and quality of care;  
8                   “(II) patient outcomes;  
9                   “(III) subjective measures of pa-  
10                  tient experience; and

11                  “(IV) cost-effectiveness; and  
12                  “(ii) identify best practices for the ex-  
13                  pansion and use of such models;

14                  “(C) information collection and evaluation  
15                  activities to study the impact of such models on  
16                  patient outcomes and maternal health care pro-  
17                  viders, and to identify best practices the expan-  
18                  sion and use of such models; and

19                  “(D) any other activity consistent with  
20                  achieving the objectives of grants awarded  
21                  under this section, as determined by the Sec-  
22                  retary.

23                  “(2) PERMISSIBLE USES.—In addition to any of  
24                  the uses under paragraph (1), grants awarded under  
25                  subsection (a) may be used for—

1                 “(A) equipment to support the use and ex-  
2                 pansion of technology-enabled collaborative  
3                 learning and capacity building models, including  
4                 for hardware and software that enables distance  
5                 learning, maternal health care provider support,  
6                 and the secure exchange of electronic health in-  
7                 formation; and

8                 “(B) support for maternal health care pro-  
9                 viders and other professionals that provide or  
10                 assist in the provision of maternity care services  
11                 through such models.

12                 “(c) LIMITATIONS.—

13                 “(1) NUMBER.—The Secretary may not award  
14                 more than 1 grant under this section to an eligible  
15                 entity.

16                 “(2) DURATION.—Each grant under this sec-  
17                 tion shall be made for a period of up to 5 years.

18                 “(3) AMOUNT.—The Secretary shall determine  
19                 the maximum amount of each grant under this sec-  
20                 tion.

21                 “(d) GRANT REQUIREMENTS.—The Secretary shall  
22                 require entities awarded a grant under this section to col-  
23                 lect information on the effect of the use of technology-  
24                 enabled collaborative learning and capacity building mod-  
25                 els, such as on maternal health outcomes, access to mater-

1    nal health care services, quality of maternal health care,  
2    and maternal health care provider retention in areas and  
3    populations described in subsection (a). The Secretary  
4    may award a grant or contract to assist in the coordina-  
5    tion of such models, including to assess outcomes associ-  
6    ated with the use of such models in grants awarded under  
7    subsection (a), including for the purpose described in sub-  
8    section (b)(1)(B).

9           “(e) APPLICATION.—

10          “(1) IN GENERAL.—An eligible entity that  
11        seeks to receive a grant under subsection (a) shall  
12        submit to the Secretary an application, at such time,  
13        in such manner, and containing such information as  
14        the Secretary may require.

15          “(2) MATTERS TO BE INCLUDED.—Such appli-  
16        cation shall include plans to assess the effect of  
17        technology-enabled collaborative learning and capac-  
18        ity building models on indicators, including access to  
19        and quality of care, patient outcomes, subjective  
20        measures of patient experience, and cost-effective-  
21        ness. Such indicators may focus on—

22           “(A) health professional shortage areas;

23           “(B) areas with high rates of maternal  
24        mortality and severe maternal morbidity, and

1 significant racial and ethnic disparities in ma-  
2 ternal health outcomes; and

3 “(C) medically underserved populations or  
4 American Indians and Alaska Natives, includ-  
5 ing Indian tribes, Tribal organizations, and  
6 urban Indian organizations.

7 “(f) ACCESS TO BROADBAND.—In administering  
8 grants under this section, the Secretary may coordinate  
9 with other agencies to ensure that funding opportunities  
10 are available to support access to reliable, high-speed  
11 internet for grantees.

12 “(g) TECHNICAL ASSISTANCE.—The Secretary shall  
13 provide (either directly through the Department of Health  
14 and Human Services or by contract) technical assistance  
15 to eligible entities, including recipients of grants under  
16 subsection (a), on the development, use, and post-grant  
17 sustainability of technology-enabled collaborative learning  
18 and capacity building models in order to expand access  
19 to maternal health care services provided by such entities,  
20 including for health professional shortage areas and areas  
21 with high rates of maternal mortality and severe maternal  
22 morbidity, and significant racial and ethnic disparities in  
23 maternal health outcomes, and to medically underserved  
24 populations or American Indians and Alaska Natives, in-

1 cluding Indian tribes, Tribal organizations, and urban In-  
2 dian organizations.

3 “(h) RESEARCH AND EVALUATION.—The Secretary,  
4 in consultation with stakeholders with appropriate exper-  
5 tise in such models, shall develop a strategic plan to re-  
6 search and evaluate the evidence for such models. The  
7 Secretary shall use such plan to inform the activities car-  
8 ried out under this section.

9 “(i) REPORTING.—

10 “(1) BY ELIGIBLE ENTITIES.—An eligible enti-  
11 ty that receives a grant under subsection (a) shall  
12 submit to the Secretary a report, at such time, in  
13 such manner, and containing such information as  
14 the Secretary may require.

15 “(2) BY THE SECRETARY.—Not later than 4  
16 years after the date of enactment of this section, the  
17 Secretary shall prepare and submit to the Congress,  
18 and post on the internet website of the Department  
19 of Health and Human Services, a report including,  
20 at minimum—

21 “(A) a description of any new and con-  
22 tinuing grants awarded under subsection (a)  
23 and the specific purpose and amounts of such  
24 grants;

25 “(B) an overview of—

1                 “(i) the evaluations conducted under  
2 subsection (b);  
3                 “(ii) technical assistance provided  
4 under subsection (g); and  
5                 “(iii) activities conducted by entities  
6 awarded grants under subsection (a); and  
7                 “(C) a description of any significant find-  
8                 nings related to patient outcomes or maternal  
9                 health care providers and best practices for eli-  
10                 gible entities expanding, using, or evaluating  
11                 technology-enabled collaborative learning and  
12                 capacity building models.

13                 “(j) AUTHORIZATION OF APPROPRIATIONS.—There  
14 is authorized to be appropriated to carry out this section,  
15 \$6,000,000 for each of fiscal years 2021 through 2025.

16                 “(k) DEFINITIONS.—In this section:

17                 “(1) ELIGIBLE ENTITY.—

18                 “(A) IN GENERAL.—The term ‘eligible en-  
19                 tity’ means an entity that provides, or supports  
20                 the provision of, maternal health care services  
21                 or other evidence-based services for pregnant  
22                 and postpartum women—

23                 “(i) in health professional shortage  
24                 areas;

1                         “(ii) in areas with high rates of ad-  
2                         verse maternal health outcomes and sig-  
3                         nificant racial and ethnic disparities in ma-  
4                         ternal health outcomes; or

5                         “(iii) medically underserved popu-  
6                         lations or American Indians and Alaska  
7                         Natives, including Indian tribes, Tribal or-  
8                         ganizations, and urban Indian organiza-  
9                         tions.

10                         “(B) INCLUSIONS.—An eligible entity may  
11                         include entities leading, or capable of leading, a  
12                         technology-enabled collaborative learning and  
13                         capacity building model or engaging in tech-  
14                         nology-enabled collaborative training of partici-  
15                         pants in such model.

16                         “(2) HEALTH PROFESSIONAL SHORTAGE  
17                         AREA.—The term ‘health professional shortage area’  
18                         means a health professional shortage area des-  
19                         ignated under section 332.

20                         “(3) INDIAN TRIBE.—The term ‘Indian tribe’  
21                         has the meaning given such term in section 4 of the  
22                         Indian Self-Determination and Education Assistance  
23                         Act.

24                         “(4) MATERNAL MORTALITY.—The term ‘ma-  
25                         ternal mortality’ means a death occurring during or

1       within a 1-year period after pregnancy caused by  
2       pregnancy or childbirth complications.

3           “(5) MEDICALLY UNDERSERVED POPU-  
4       LATION.—The term ‘medically underserved popu-  
5       lation’ has the meaning given such term in section  
6       330(b)(3).

7           “(6) POSTPARTUM.—The term ‘postpartum’  
8       means the 1-year period beginning on the last date  
9       of the pregnancy of a woman.

10          “(7) SEVERE MATERNAL MORTALITY.—The  
11       term ‘severe maternal morbidity’ means an unex-  
12       pected outcome caused by labor and delivery of a  
13       woman that results in a significant short-term or  
14       long-term consequences to the health of the woman.

15          “(8) TECHNOLOGY-ENABLED COLLABORATIVE  
16       LEARNING AND CAPACITY BUILDING MODEL.—The  
17       term ‘technology-enabled collaborative learning and  
18       capacity building model’ means a distance health  
19       education model that connects health care profes-  
20       sionals, and particularly specialists, with multiple  
21       other health care professionals through simultaneous  
22       interactive videoconferencing for the purpose of fa-  
23       cilitating case-based learning, disseminating best  
24       practices, and evaluating outcomes in the context of  
25       maternal health care.

1           “(9) TRIBAL ORGANIZATION.—The term ‘Tribal  
2         organization’ has the meaning given such term in  
3         section 4 of the Indian Self-Determination and Edu-  
4         cation Assistance Act.

5           “(10) URBAN INDIAN ORGANIZATION.—The  
6         term ‘urban Indian organization’ has the meaning  
7         given such term in section 4 of the Indian Health  
8         Care Improvement Act.”.

9   **SEC. 4. GRANTS TO PROMOTE EQUITY IN MATERNAL  
10           HEALTH OUTCOMES BY INCREASING ACCESS  
11           TO DIGITAL TOOLS.**

12          (a) IN GENERAL.—Beginning not later than 1 year  
13         after the date of the enactment of this Act, the Secretary  
14         of Health and Human Services shall carry out a program  
15         (in this section referred to as “Investments in Digital  
16         Tools to Promote Equity in Maternal Health Outcomes  
17         Program” or “Program”) under which the Secretary  
18         makes grants to eligible entities reduce racial and ethnic  
19         disparities in maternal health outcomes by increasing ac-  
20         cess to digital tools related to maternal health care.

21          (b) APPLICATIONS.—To be eligible to receive a grant  
22         under this section, an eligible entity shall submit to the  
23         Secretary an application at such time, in such manner,  
24         and containing such information as the Secretary may re-  
25         quire.

## 1       (c) LIMITATIONS.—

2                 (1) NUMBER.—The Secretary may not award  
3                 more than 1 grant under this section to an eligible  
4                 entity.

5                 (2) DURATION.—Each grant under this section  
6                 shall be made for a period of not more than 5 years.

7                 (3) AMOUNT.—The Secretary shall determine  
8                 the maximum amount of each grant under this sec-  
9                 tion.

10                 (4) PRIORITIZATION.—In awarding grants  
11                 under this section, the Secretary shall prioritize the  
12                 selection of an eligible entity that—

13                         (A) operates in an area with high rates of  
14                         adverse maternal health outcomes and signifi-  
15                         cant racial and ethnic disparities in maternal  
16                         health outcomes; and

17                         (B) promotes technology that address ra-  
18                         cial and ethnic disparities in maternal health  
19                         outcomes.

20                 (d) TECHNICAL ASSISTANCE.—The Secretary shall  
21                 provide technical assistance to an eligible entity on the de-  
22                 velopment, use, evaluation, and post-grant sustainability  
23                 of digital tools for purposes of promoting equity in mater-  
24                 nal health outcomes.

25                 (e) REPORTING.—

1                             (1) BY ELIGIBLE ENTITIES.—An eligible entity  
2                             that receives a grant under subsection (a) shall sub-  
3                             mit to the Secretary a report, at such time, in such  
4                             manner, and containing such information as the Sec-  
5                             retary may require.

6                             (2) BY THE SECRETARY.—Not later than 4  
7                             years after the date of the enactment of this Act, the  
8                             Secretary shall submit to Congress a report that—

9                                 (A) evaluates the effectiveness of grants  
10                             awarded under this section in improving mater-  
11                             nal health outcomes for minority women;

12                                 (B) makes recommendations for future  
13                             grant programs that promote the use of tech-  
14                             nology to improve maternal health outcomes for  
15                             minority women; and

16                                 (C) makes recommendations that ad-  
17                             dress—

18                                     (i) privacy and security safeguards  
19                             that should implemented in the use of  
20                             technology in maternal health care;

21                                     (ii) reimbursement rates for maternal  
22                             telehealth services;

23                                     (iii) the use of digital tools to analyze  
24                             large data sets for the purposes of identi-

1 fying potential pregnancy-related complica-  
2 tions as early as possible;

3 (iv) barriers that prevent maternal  
4 health care providers from providing tele-  
5 health services across States and rec-  
6 ommendations from the Centers for Medi-  
7 care and Medicaid Services for addressing  
8 such barriers in State Medicaid programs;

9 (v) the use of consumer digital tool  
10 such as mobile phone applications, patient  
11 portals, and wearable technologies to im-  
12 prove maternal health outcomes;

13 (vi) barriers that prevent consumers  
14 from accessing telehealth services or other  
15 digital technologies to improve maternal  
16 health outcomes, including a lack of access  
17 to reliable, high-speed internet or lack of  
18 access to electronic devices needed to use  
19 such services and technologies; and

20 (vii) any other related issues as deter-  
21 mined by the Secretary.

22 (f) AUTHORIZATION OF APPROPRIATIONS.—There is  
23 authorized to be appropriated to carry out this section,  
24 \$6,000,000 for each of fiscal years 2021 through 2025.

1       (g) ELIGIBLE ENTITY DEFINED.—In this section,  
2 the term “eligible entity” is an entity that is described  
3 in section 51a.3(a) of title 42, Code of Federal Regula-  
4 tions, including domestic faith-based and community-  
5 based organizations.

6 **SEC. 5. REPORT ON THE USE OF TECHNOLOGY TO REDUCE**  
7                              **MATERNAL MORTALITY AND SEVERE MATER-**  
8                              **NAL MORBIDITY AND TO CLOSE RACIAL AND**  
9                              **ETHNIC DISPARITIES IN OUTCOMES.**

10       (a) IN GENERAL.—Not later than 60 days after the  
11 date of enactment of this Act, the Secretary of Health and  
12 Human Services shall seek to enter an agreement with the  
13 National Academies of Sciences, Engineering, and Medi-  
14 cine (referred to in this Act as the “National Academies”)  
15 under which the National Academies shall conduct a study  
16 on the use of technology to reduce preventable maternal  
17 mortality and severe maternal morbidity, and close racial  
18 and ethnic disparities in maternal health outcomes in the  
19 United States. The study shall assess current and future  
20 uses of artificial intelligence in maternity care, including  
21 issues such as—

22                              (1) the extent to which artificial intelligence  
23 technologies are currently being used in maternal  
24 health care;

1                         (2) the extent to which artificial intelligence  
2                         technologies have exacerbated racial or ethnic biases  
3                         in maternal health care;

4                         (3) recommendations for reducing racial or eth-  
5                         nic biases in artificial intelligence technologies used  
6                         in maternal health care;

7                         (4) recommendations for potential applications  
8                         of artificial intelligence technologies that could im-  
9                         prove maternal health outcomes, particularly for mi-  
10                         nority women; and

11                         (5) recommendations for privacy and security  
12                         safeguards that should be implemented in the develop-  
13                         ment of artificial intelligence technologies in mater-  
14                         nal health care.

15                         (b) REPORT.—As a condition of any agreement under  
16                         subsection (a), the Administrator shall require that the  
17                         National Academies transmit to Congress a report on the  
18                         results of the study under subsection (a) not later than  
19                         24 months after the date of enactment of this Act.

20 **SEC. 6. DEFINITIONS.**

21                         In this section:

22                         (1) MATERNAL MORTALITY.—The term “mater-  
23                         nal mortality” means a death occurring during or  
24                         within a 1-year period after pregnancy caused by  
25                         pregnancy or childbirth complications.

1                             (2) SEVERE MATERNAL MORTALITY.—The term  
2                             “severe maternal morbidity” means an unexpected  
3                             outcome caused by labor and delivery of a woman  
4                             that results in significant short-term or long-term  
5                             consequences to the health of the woman.

